



NSC REFEREE APPLICATION - 2009

Please do not submit until you have confirmed registration with the OSA for 2009.

Name _____	Phone # (_____) _____
Address _____	
Email _____	Date of Birth _____
OSA # (required for returning referees) _____	Current Level: _____

Please indicate when you completed the following referee courses:

- Level 4 (two-day course) Date taken: _____
- Level 3 (exam/clinic) Date taken: _____

Are you playing soccer in 2009 ? YES NO

What age/division/league are you playing in? _____

What age/division/league are you coaching? _____

What days are you available to referee?

- Sun Mon Tue Wed Thurs Fri Sat

List the dates when you will be unavailable due to holidays and special events (exams, team practices, tournaments, etc.)

Date: _____ Signature: _____

*Please return this form to the Newmarket Soccer Club at 26 Wilstead Drive
Attention: Jackie Hinde, Club Head Referee*